



SAMHSA-HRSA Center for Integrated Health Solutions

How an Individual Moves Through the Service System

From seeking care to Total Wellness Client:

The San Mateo County Experience

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NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



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San Mateo County Behavioral Health and Recovery Services

Cohort: III

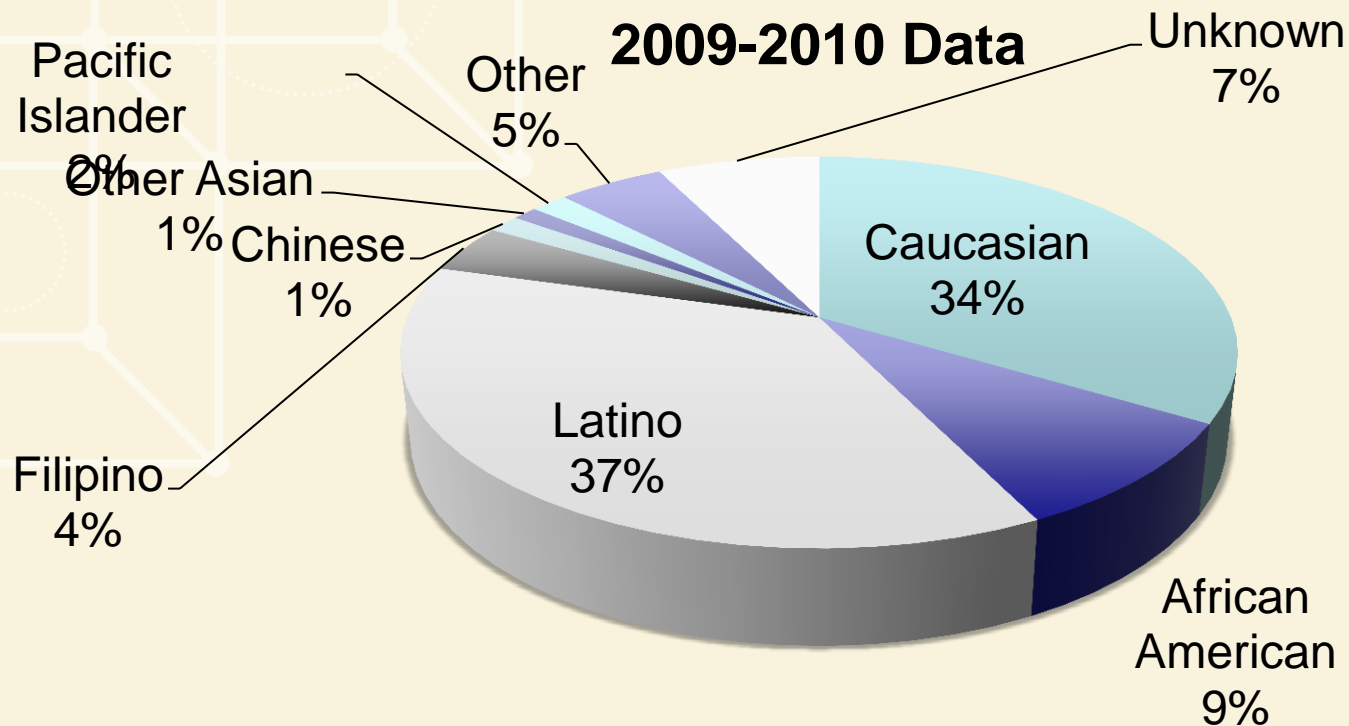
Type of program: Embedded Care Coordination and Wellness Services

Primary care Model: FQHC co-located in Community Behavioral Health Clinics

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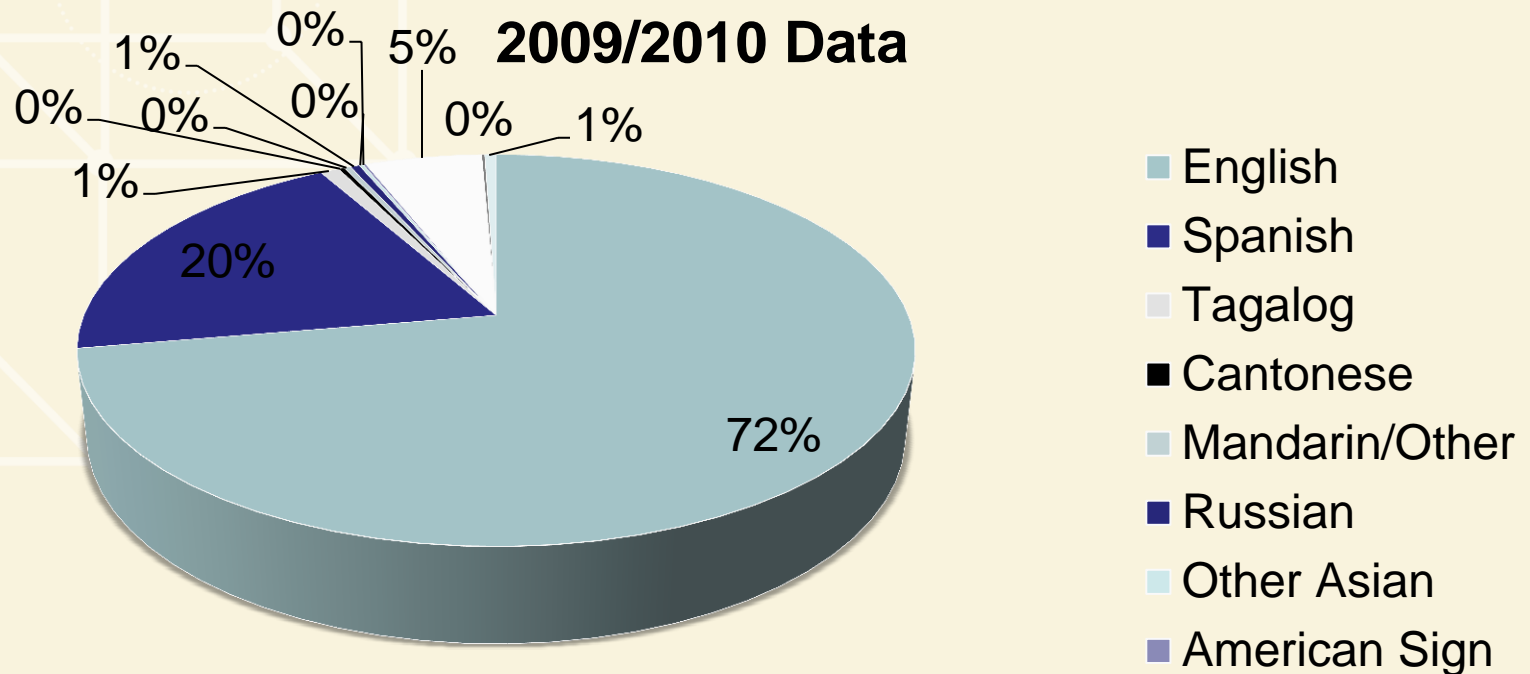
Our Client Background

Demographics by Race/Ethnicity



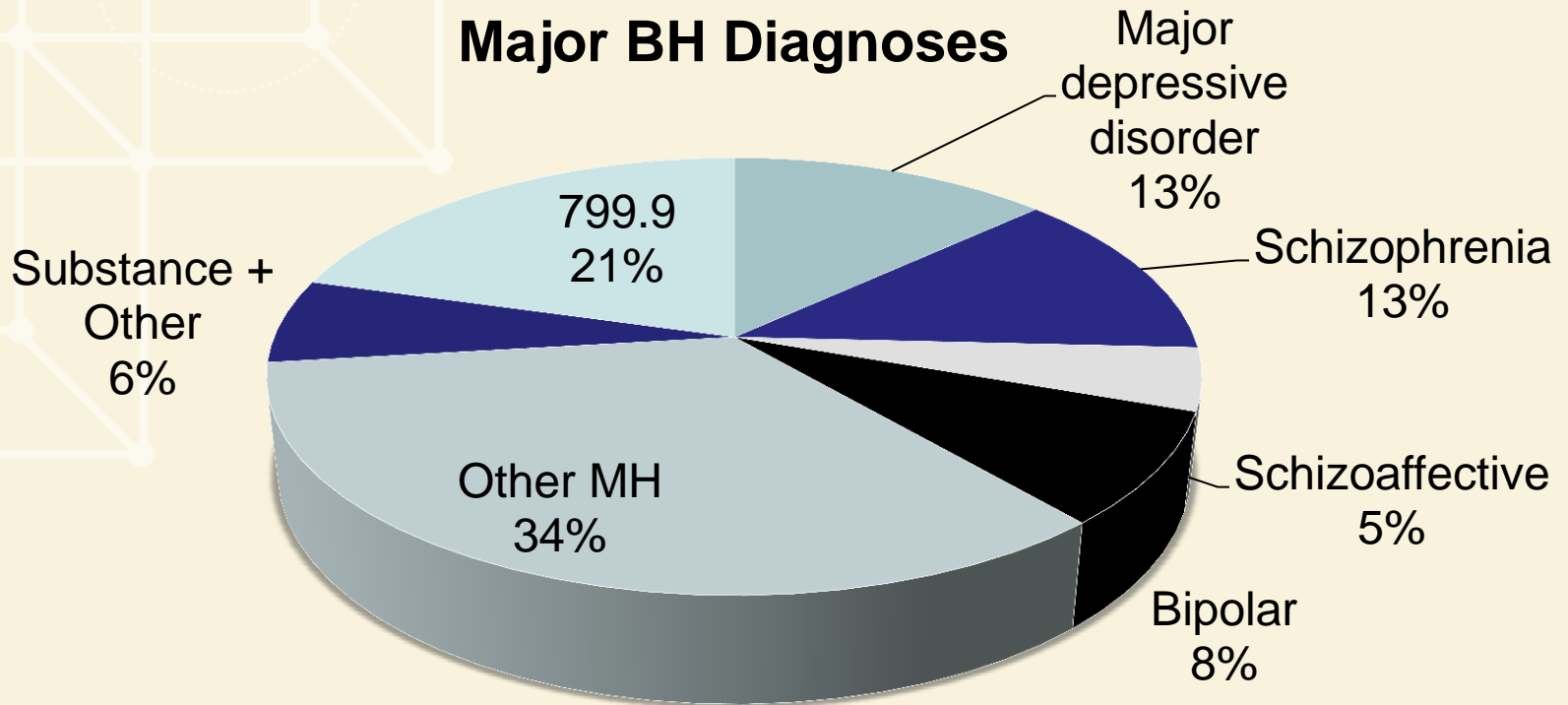
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Demographics by Language



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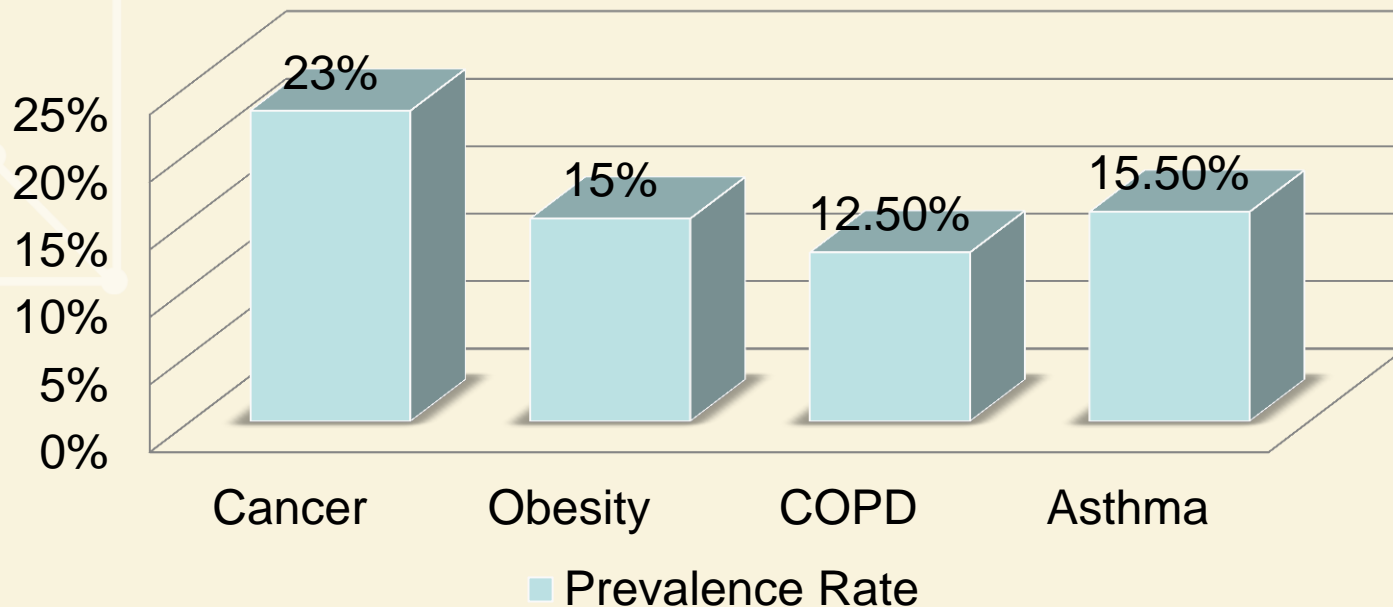
Behavioral Health Profile



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Physical Health Profile

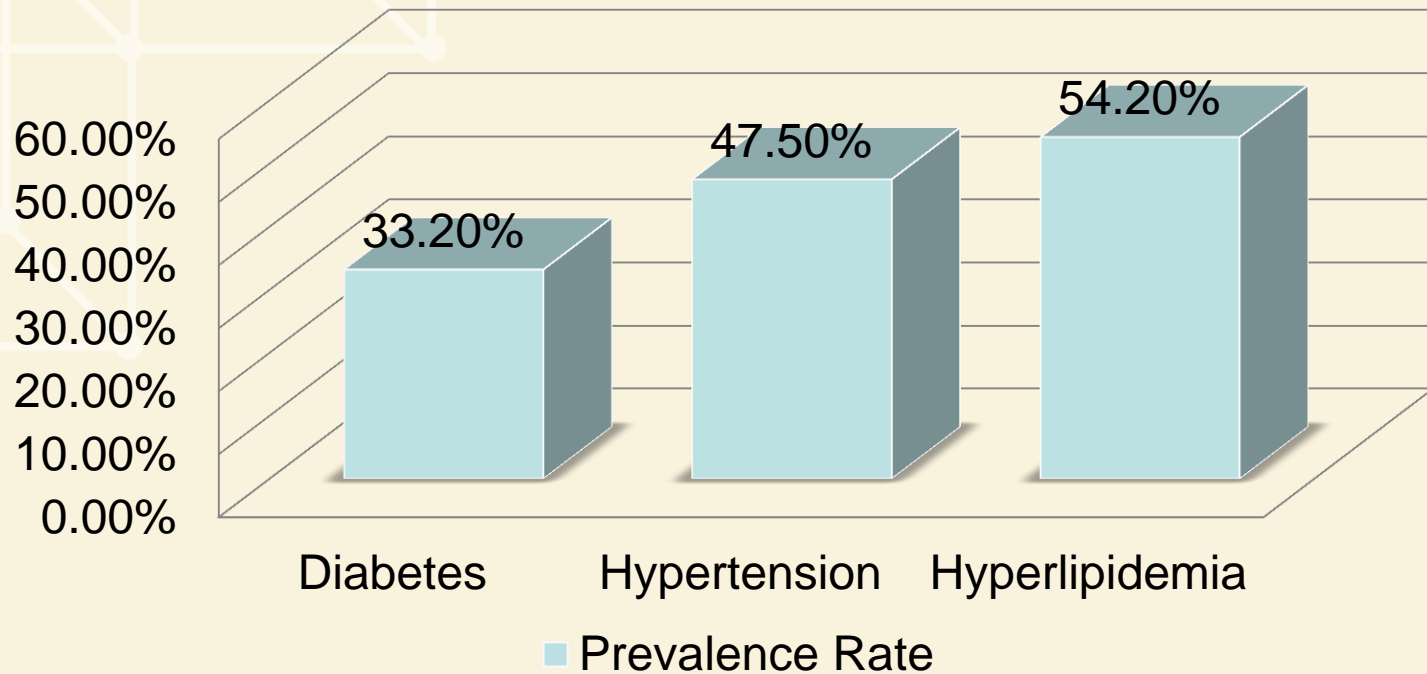
All Behavioral Health and Recovery Services Consumers



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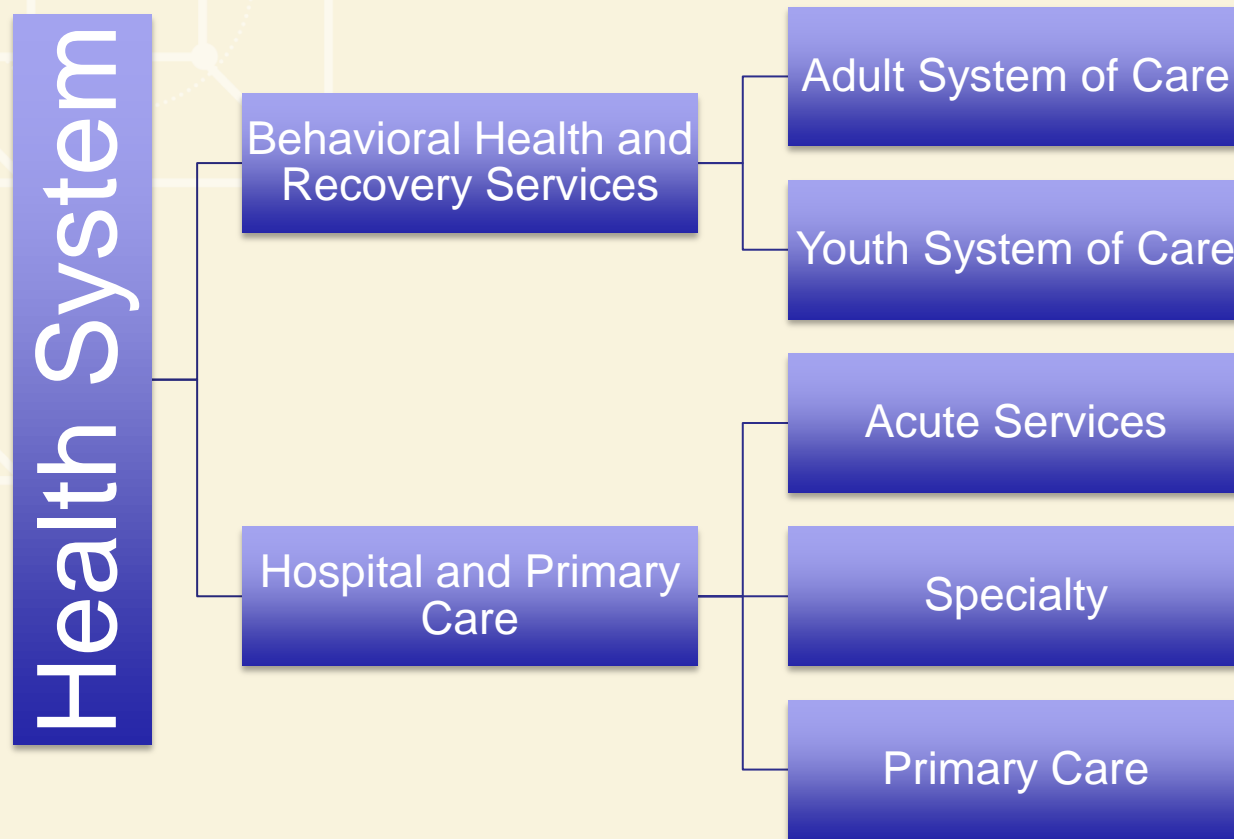
Physical Health Profile

Prevalence Rate



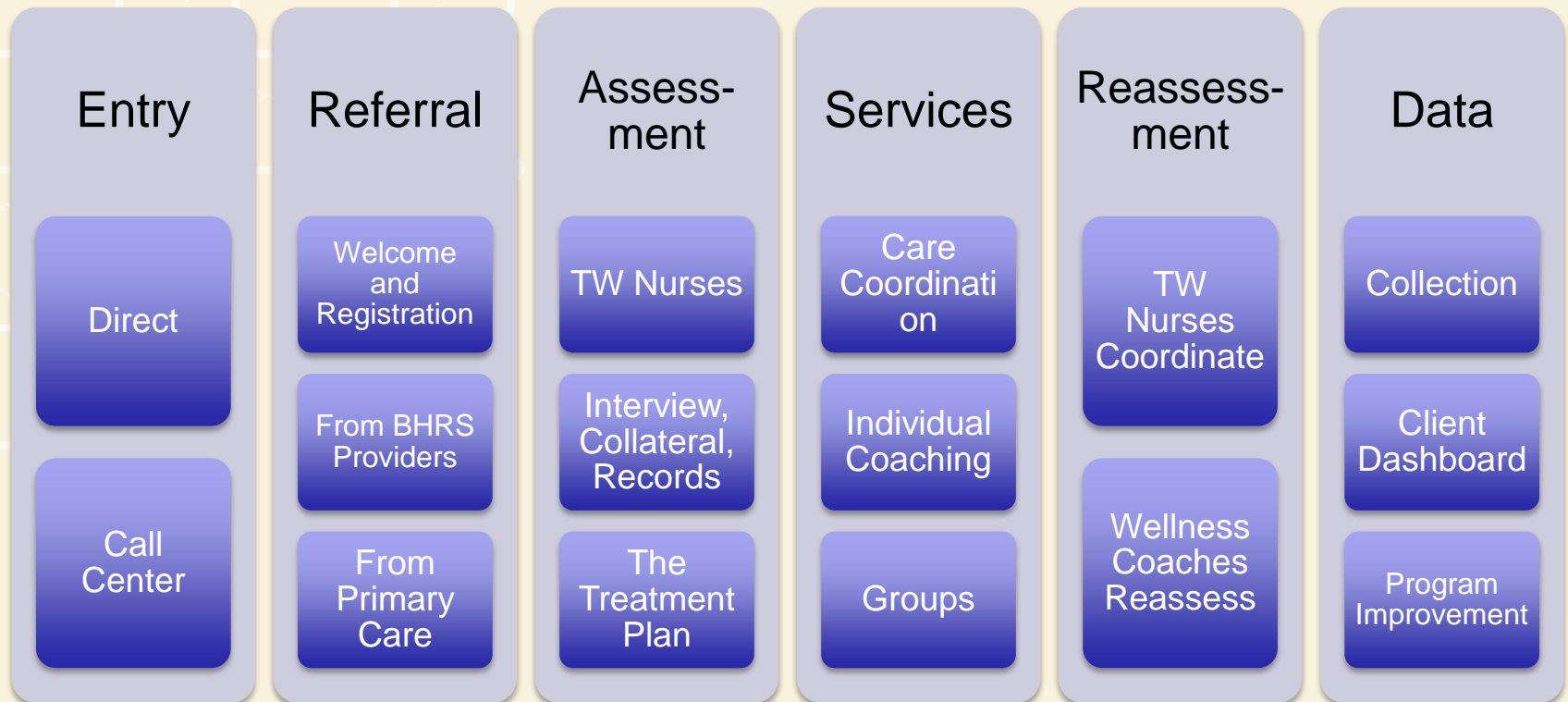
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About San Mateo County's System



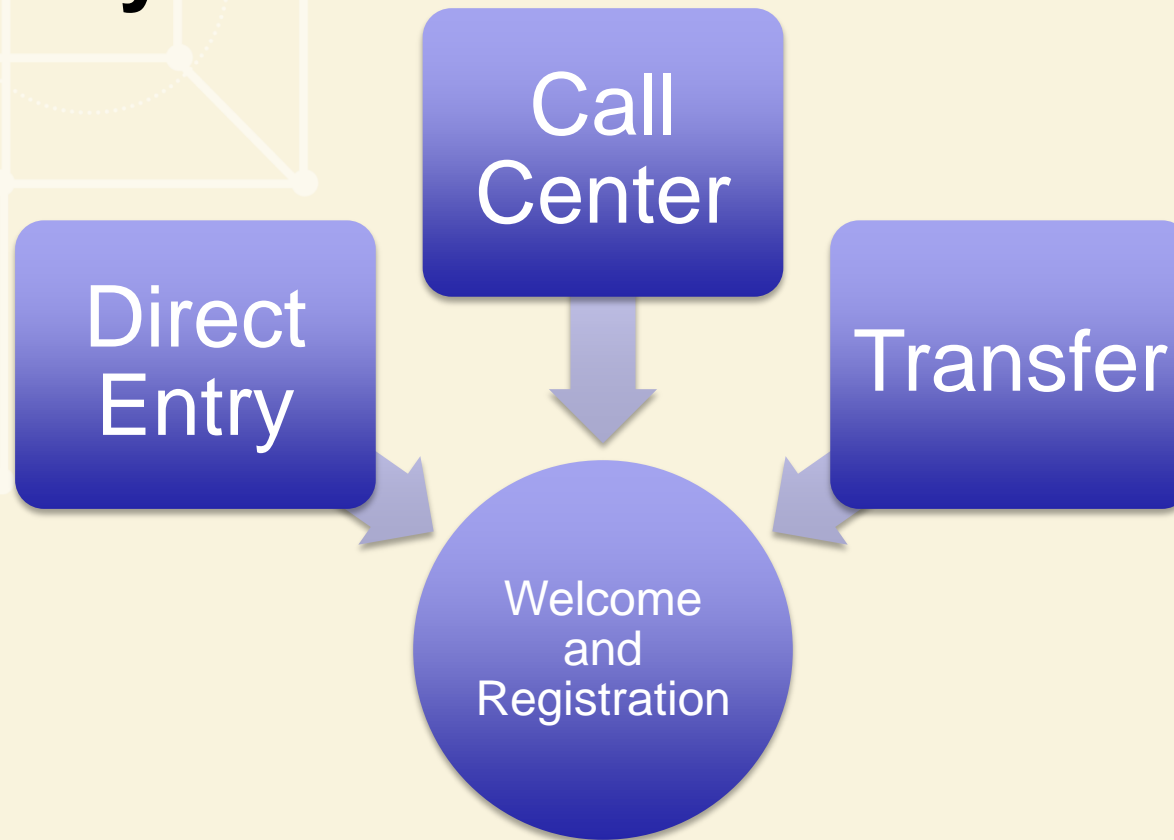
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Process Stages



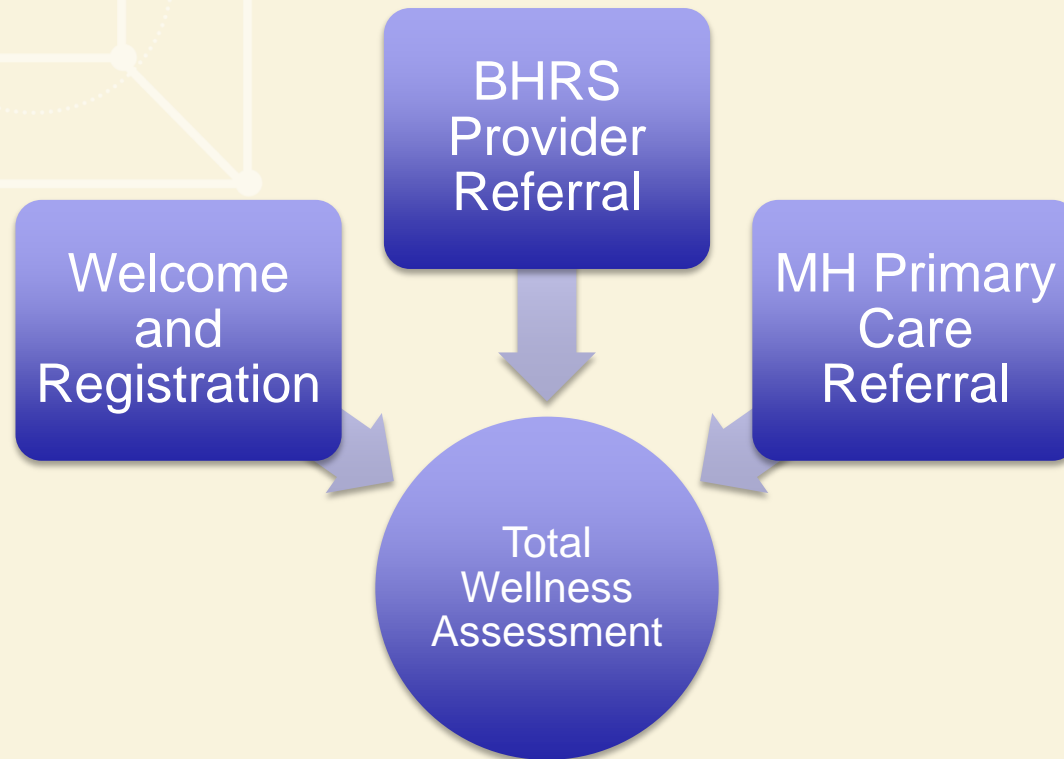
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Entry into Behavioral Health and Recovery Services



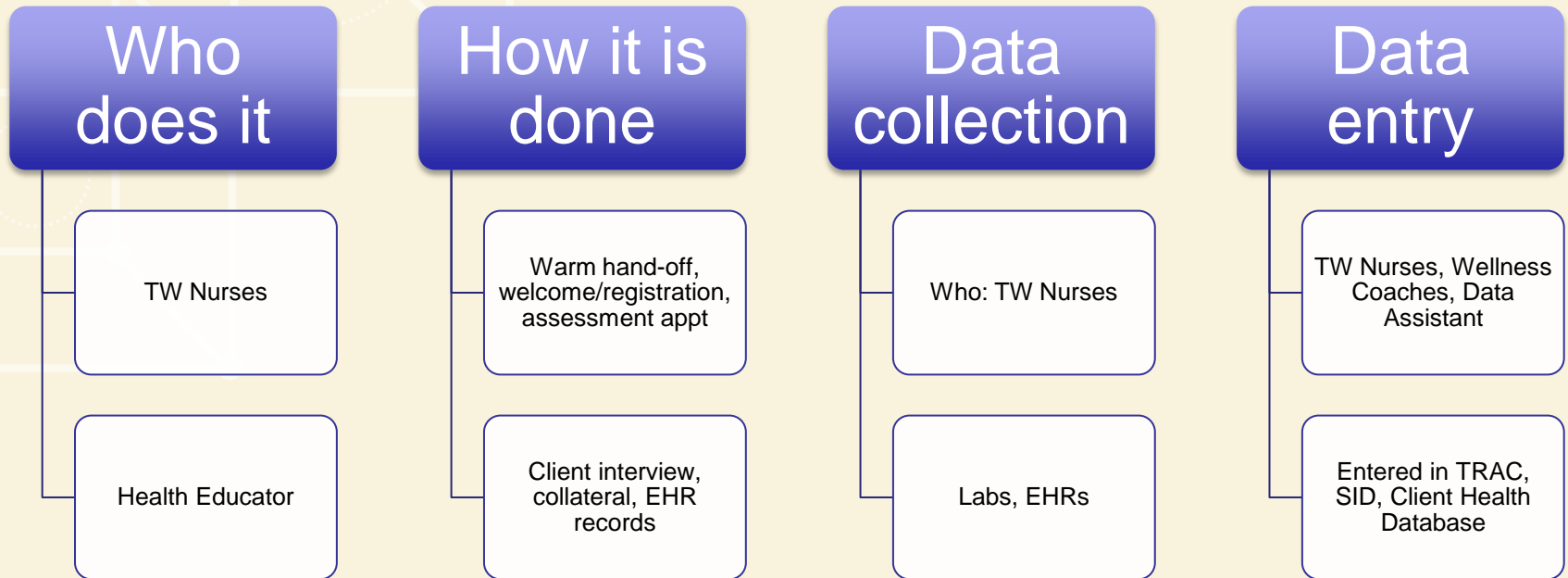
Chu and Esguerra, 2013

Referral to Total Wellness



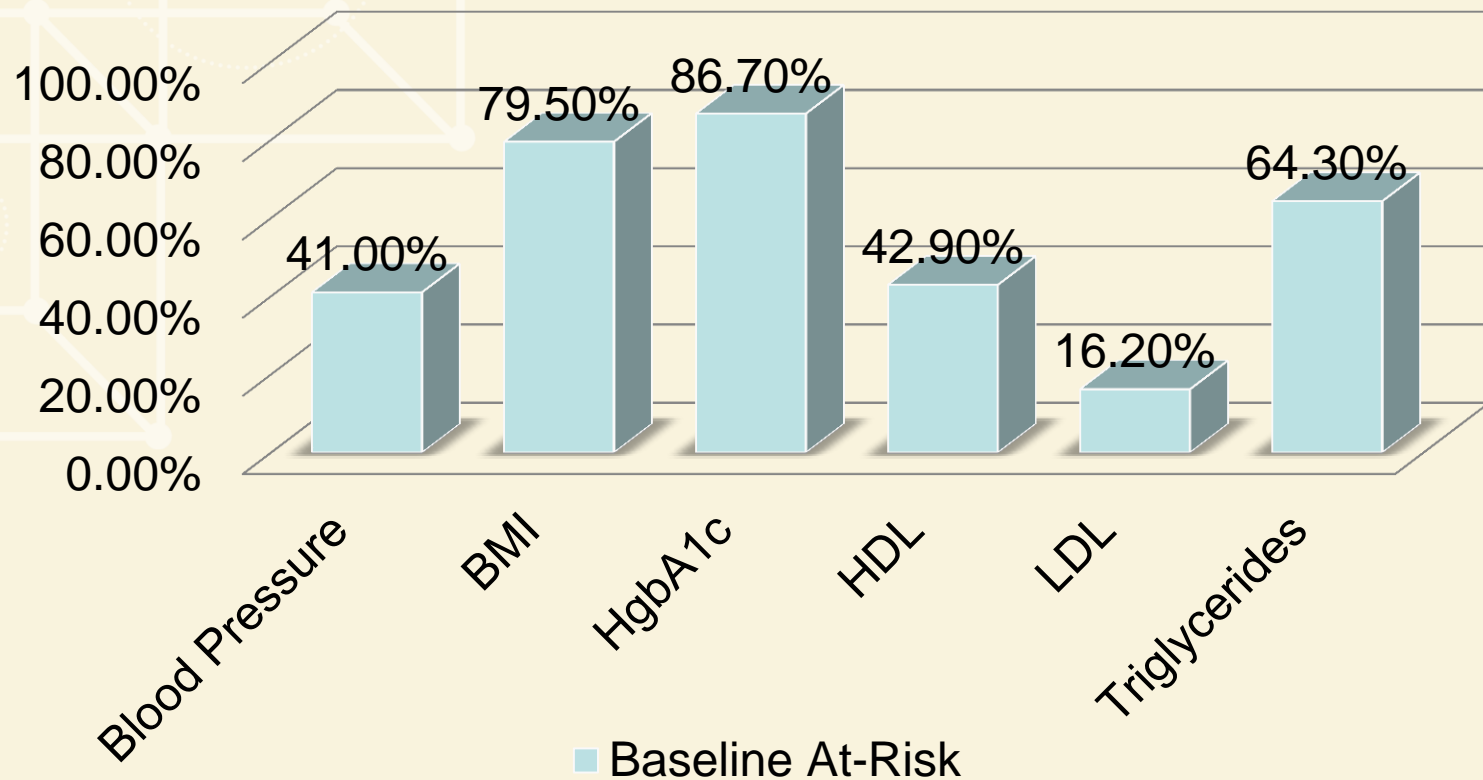
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Assessment



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Our Clients' Baseline H Indicators



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The Treatment Plan



SAN MATEO COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES

CLIENT TREATMENT & RECOVERY PLAN

410421 SOUTH CO. TOTAL WELLNESS PROGRAM

Client's Name

Plan Name: TW 2013
Plan Type: Annual
Plan Start Date: 12/31/2012
Plan End Date: 12/31/2013
Status: Final
Admit Date: 10/10/2012
TX Plan Unique ID:

Client's Stated Goal: To prevent schizophrenia de-stabilization
Stabilize depression and it's functional impairments
To enjoy my life
"To learn how to quit smoking and not to go back"

BARRIER TO RECOVERY/SUCCESS: transportation issues, not taking medication

GOALS: More family involvement

OBJECTIVES: Client's next steps to achieving goal

Call family members on the phone -2-3x month
Talk to niece and make plan to visit-2 months

INTERVENTIONS: What Treatment Team will do

MH / CM Services
Medication Support: Yes
Duration: 12 Months

Status: Current

BARRIER TO RECOVERY/SUCCESS: recurrent depressive symptoms

GOALS: Stabilize depression and its associated functional impairments

OBJECTIVES: Client's next steps to achieving goal

Keep appointments and continue taking medications
Keep working at friendship Center-6 months
Attend support groups 2 x week
Put in application for community friend at the friendship center-2 months
Meet with psychiatrist on a regular basis-3 months
Meet with C/M and learn 2 skills to tolerate stress and improve mood-6 months

INTERVENTIONS: What Treatment Team will do

MH / CM Services
Medication Support: Yes
Duration: 12 Months

Status: Current

Electronically Signed By: JULIANA M. BURSTEN, RN,MS (REGISTERED NURSE AND MS IS PSY) on 1/18/2013

Electronically Co-signed by:

Print Date: 1/29/2013

CONFIDENTIAL PATIENT INFORMATION
See California Welfare and Institutions Code Section 5328

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SAN MATEO COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES

CLIENT TREATMENT & RECOVERY PLAN

410421 SOUTH CO. TOTAL WELLNESS PROGRAM

BARRIER TO RECOVERY/SUCCESS: Symptoms of depression, schizophrenia and tobacco dependence may interfere with health health self-management. others: living in a smoking household; limited transportation and finances. Elevated BMI and decreased ambulation due to arthritic pain and medication that may affect BMI contribute to decreased health maintenance.

GOALS: Reduce cigarettes to <8 per day, then
To stop smoking and maintain abstinence over the next 6-12 months

OBJECTIVES: Client's next steps to achieving goal

Attend Ash Thinkers Group 3-4 x/month
Obtain Peer Coaching for smoking reduction, as needed
Continue walking 4/10 of a mile 2x/week, when able
See Health Educator for 1:1 nutrition counseling r/t weight management, reduced fat/salt diet
Consider Nutrition group or Well Body Group for healthy diet weight management peer support
Reduce coffee intake to less than 2 cups per day and soda by 1/2, and substitute water

INTERVENTIONS: What Treatment Team will do

MH / CM Services
T.B.S.Services
Medication Support: Yes

care coordination, health education, peer support

Duration: 12 Months

Status: Current

Did Client Sign the Treatment Plan?

Was client offered a copy of the Plan?

Comments: Client to review, sign, and be offered a copy of the plan when he returns to the clinic

Participants/Signatures:

Client **Date:**

ARREDONDO,VICTOR Case Manager

BURSTEN,JULIANA Total Wellness Case Manager

GABRIEL,ALYSE Psychiatrist

CHU,SHIRLEY Other (BHRS Staff)

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Services

Care Coordination

facilitate flow of information

develop coordinate and
implement plan of care with tx
team

identify and address gaps

Individual Coaching

peer and staff coaching on
various health topics

motivation enhancement

wellness action plans

Groups

smoking cessation groups (Ash
Thinkers & Ash Kickers)

Well Body (weight
management)

nutrition

diabetes

WRAP (wellness recovery
action plan)

health class

Reassessment

Who does it

- Coordinated by TW nurses
- Conducted by wellness coaches

Monitoring

- Weekly team meeting
- Informal huddles and check-ins
- Lab data review and report

Data

Collection

- EHRs
- Labs

Helping Clients

- Clinical Team Meetings
- The Dashboard (next slide)

Program Improvement

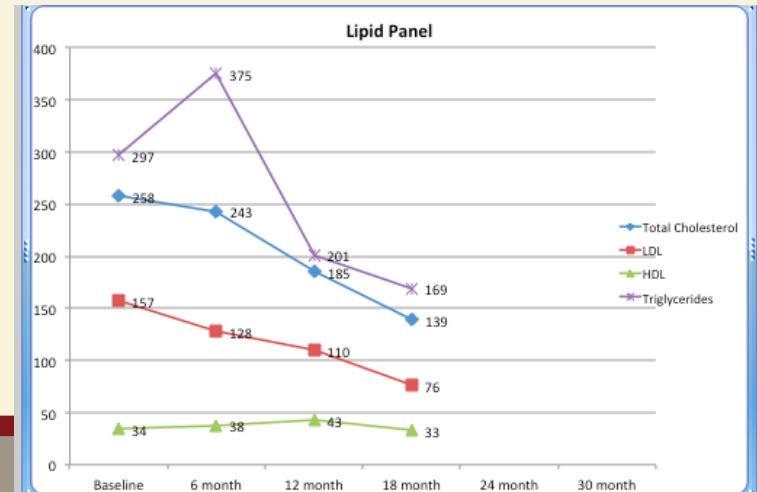
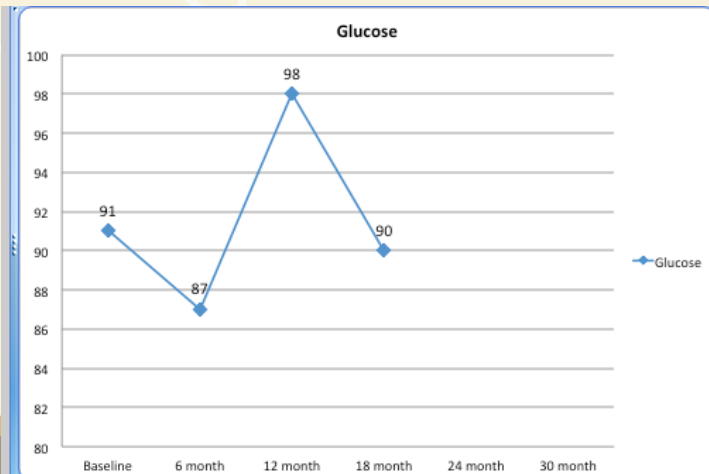
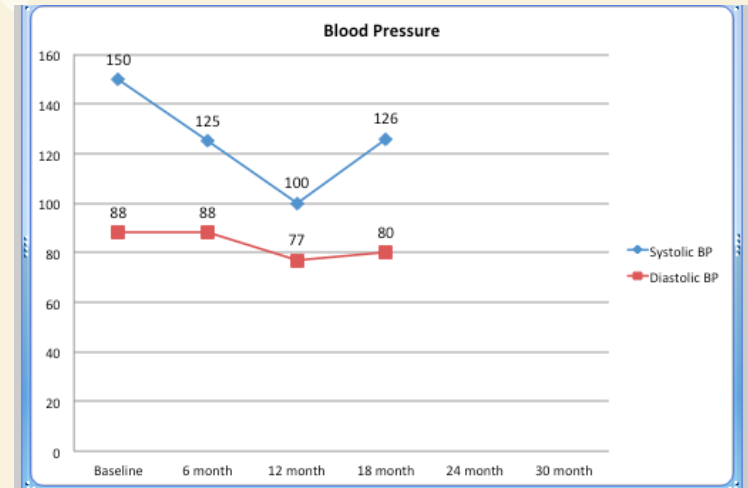
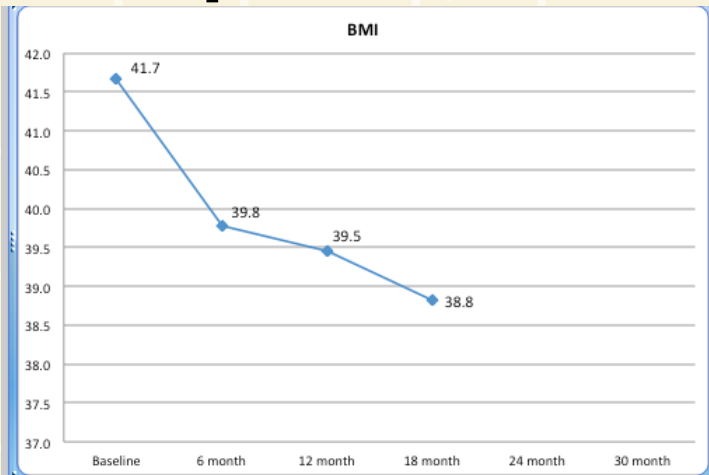
- Smoking Cessation
- Nutrition and Physical Activity

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The Client Dashboard

My Total Wellness Individual Health Report							
My Name:	john doe			Baseline Date:	2/15/11		
My Recovery Team				My Diagnoses (Please write in)			
	Nurse Care Manager:			Medical		Psychiatric	
	Primary Care Provider:						
	Psychiatrist:						
	Case Manager:						
	Key	Normal	Caution	At Risk			
My Recovery Progress on Select Health Indicators							
		Baseline	6 month	12 month	18 month	24 month	30 month
	Conducted Date	2/15/11	7/22/11	2/16/12	7/19/12		
	Blood Collected Date	3/3/11	5/19/11	12/15/11	6/20/12		
Category	Indicator (Goal)	Baseline	6 month	12 month	18 month	24 month	30 month
Lungs	Smoking? (No)	20	20	15	20	#N/A	#N/A
Weight	BMI (18.5 to 24.9)	41.7	39.8	39.5	38.8	#N/A	#N/A
	Weight	132.0	126.0	125.0	123.0	#N/A	#N/A
Blood Pressure	Systolic BP (90-120)	150	125	100	126	#N/A	#N/A
	Diastolic BP (60-80)	88	88	77	80	#N/A	#N/A
Blood Sugar	Fasting Glucose (70-99)	91	87	98	90	#N/A	#N/A
	Hemoglobin A1c (4.0-5.6)	5	#N/A	#N/A	5.1	#N/A	#N/A
	Total Cholesterol (125-200)	258	243	185	139	#N/A	#N/A
Heart Health	LDL (20-129)	157	128	110	76	#N/A	#N/A
	HDL (≥40)	34	38	43	33	#N/A	#N/A
	Triglycerides (30-149)	297	375	201	169	#N/A	#N/A
My Wellness Goals:				My Action Plan:			
I will				I will			
I will				I will			
I will				I will			

Sample Client Graphs



Influencing Policy and the Greater System

Smoking
Cessation

Care
Coordination

Peers

Greater
attention to
physical health

Duals
Demonstration

Chu and Esguerra, 2013

Shirley Chu, LCSW
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Project Director and Deputy
Medical Director

THANK YOU!

